County of Allegany

CLAIMANT: ADDRESS:	
Vendor No: Date:	
Account to be charged to: A1171.430 Date of Approval:	
Hon. Docket Number:	
In the Matter of:	
Fees & Expenses:	
In Court - hrs. @ \$158/hr.	
Out of Court - hrs.@ \$158/hr.	
2023 miles @ .655	
Postage: Copies: @ .15	
Amount of Claim	\$
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